Evaluation of Regional Meetings for DOH: Nov & Dec 2007

Summary of Evaluation Questions 1-12: Mean Scores : All sites

Item	Lacey	Spokane	Moses Lake	Burien	Lynnwood	TOTAL
1. The meeting facility was: Ideal 1 2 3 4 5 6 7 Terrible	1.98	1.97	2.22	3.80	1.61	2.31
2. The purpose of the meeting was: Clear 1 2 3 4 5 6 7 Unknown	2.04	2.32	2.20	2.97	1.79	2.26
3. Overall the organization of the meeting was: Excellent 1 2 3 4 5 6 7 Dysfunctional	2.04	2.16	1.95	3.00	1.76	2.18
4. Location: Convenient 1 2 3 4 5 6 7 Awful	2.00	1.71	2.11	2.90	1.53	2.05
5. I was encouraged to be a part of this meeting: Definitely1 2 3 4 5 6 7 Not at all	2.04	1.81	1.73	2.53	1.89	2.00
6. Discussion time was: Encouraged 1 2 3 4 5 6 7 Not appropriate	1.98	1.58	1.41	2.43	1.96	1.87
7. Take home messages were: Obvious 1 2 3 4 5 6 7 Unclear	2.50	2.35	2.50	4.60	2.24	2.80
8. Introduction Outstanding 1 2 3 4 5 6 7 Poor	2.38	2.48	2.54	3.30	2.31	2.60
9a. Access to Prenatal Care – Is There a Crisis Outstanding 1 2 3 4 5 6 7 Poor	2.58	2.58	2.89	3.20	2.37	2.72

	Lacey	Spokane	Moses Lake	Burien	Lynnwood	TOTAL
9b. The presentation increased my knowledge of the current status of PNC access in Washington State. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	4.16	3.64	3.71	4.17	4.01	3.93
9c. The presentation increased my awareness of the geographical differences across Washington in access to PNC services. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	3.90	3.39	3.54	3.93	4.29	3.81
10. Previews and coming Attractions Outstanding 1 2 3 4 5 6 7 Poor	3.06	5.23	4.42	3.77	3.19	3.93
11a. Reaching the High Risk Pregnant Women Outstanding 1 2 3 4 5 6 7 Poor	2.60	3.00	2.91	3.23	2.80	2.90
11b. The presentation increased my knowledge of the characteristics of high-risk pregnant women. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	3.97	3.77	4.20	5.63	4.30	4.37
11c. The brainstorming and discussion after the presentation was helpful in identifying plans or interventions you or staff could use to reach high-risk pregnant women Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	4.45	3.58	4.62	4.37	4.39	4.28
12. Keys to Perinatal Depression Outstanding 1 2 3 4 5 6 7 Poor	1.98	2.00	1.49	2.47	1.57	1.90

Lacey: Summary of Evaluation Questions 1-12

Item	N	Mean	Minimum	Maximum
1. The meeting facility was: Ideal 1 2 3 4 5 6 7 Terrible	58	1.98	1	6
2. The purpose of the meeting was: Clear 1 2 3 4 5 6 7 Unknown	59	2.04	1	5
3. Overall the organization of the meeting was: Excellent 1 2 3 4 5 6 7 Dysfunctional	59	2.04	1	5
4. Location: Convenient 1 2 3 4 5 6 7 Awful	58	2.00	1	6
5. I was encouraged to be a part of this meeting: Definitely1 2 3 4 5 6 7 Not at all	59	2.04	1	6
6. Discussion time was: Encouraged 1 2 3 4 5 6 7 Not appropriate	58	1.98	1	5
7. Take home messages were: Obvious 1 2 3 4 5 6 7 Unclear	53	2.50	1	7
8. Introduction Outstanding 1 2 3 4 5 6 7 Poor	52	2.38	1	4
9a. Access to Prenatal Care – Is There a Crisis Outstanding 1 2 3 4 5 6 7 Poor	57	2.58	1	6
9b. The presentation increased my knowledge of the current status of PNC access in Washington State. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	57	4.16	1	7

Item	N	Mean	Minimum	Maximum
10. Previews and coming Attractions Outstanding 1 2 3 4 5 6 7 Poor	52	3.06	1	7
11a. Reaching the High Risk Pregnant Women Outstanding 1 2 3 4 5 6 7 Poor	58	2.60	1	7
11b. The presentation increased my knowledge of the characteristics of high-risk pregnant women. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	58	3.97	1	7
11c. The brainstorming and discussion after the presentation was helpful in identifying plans or interventions you or staff could use to reach high-risk pregnant women Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	58	4.45	1	7
12. Keys to Perinatal Depression Outstanding 1 2 3 4 5 6 7 Poor	54	1.63	1	5

Lacey: Compilation of Written Comments

Lessons Learned

-Local vs state data & trends in access to prenatal care & MSS utilization
- interesting stats on differences in non citizen vs S & TANF
- ongoing frustrations with lack of resources for Mental health issues
- importance of depression screening: hope that some of suggestions given will actually make some changes
- initiate prenatal (more concentration to antepartum-as we have a lot of pp admits too)
- Edinburgh depression screening ↑ staff
- compliance with what Mental Health services have increased
- a good review of talking to women about depression
-it's good to know that our state staff are interested in our ideas to make our program better

- the psychosis video was very powerful
- try harder in getting to TANF women
- try to organize incentives for clients
- screen more for PPMD
- clients on TANF are at higher risk for LBW babies and other problems
- other LHS are having the same issues as we are
- other programs are struggling with the same issues we are
- knowledge that state want 1st steps to work
- changes need to be at a clinic level but also at state level to better help us to do our job better- some barriers are beyond us- state level
- better strategies for us to get out the message
- can give more focus to those women considered high risk (or reminding us to)
- more pr needed
- better relationships with community partners & OBS docs needed
- perinatal depression tools
- importance of screening every ct for depression

some reasons why it is so important for it's to receive early prenatal care

- barriers to receiving early prenatal care
- try harder with hard-to-locate cts. They may be the ones that need services the most
- ↓ anxiety in pregnancy strategies to bring to clients
- clinical picture of PP psychosis
- will continue to promote MSS intro with initial WIC visit- our agency used to do this & it was very effective
- will review MSS manual & try to get back to the focus of my discipline- despite the ineffective, redundant charting forms
- better understanding of range of PPD (read the book which is very helpful)
- good info about perinatal depression & interest in website
- better understanding of First Steps
- movies were good-learned S & S
- we are targeting at risk for LBW on med-hi risk category and what % ?
- Keys to Perinatal depression training

-community building

- plan to look up WAC's

-video on postpartum depression was <u>excellent</u>

- statistics & how my county is doing compared to others
- info about depression training projects

- looking at our system for treatment of PP depression
- first trimester enrollment needs to increase
- I'm on the right track re: screening, for PPD—been using, using the EPDS for about 2-3 years now
- program for depression screening
- strategies to implement in my work are such access to prenatal care by licensed others care people opinions
- how can deal with any crisis intervention with perinatal depression
- more awareness of prenatal depression
-anxiety leads to depression
- ideas for outreach activities
- strategies to improve agency partnerships
- strategies to identify/screen for perinatal depression
- increase importance of reaching women and ways to achieve this
- knowledge- other providers going thru same struggles to ↑ services to pgnt mom
- more ideas
- re-enforcement- glad I worked for first steps clients
- try to have Kathryn Barnard speak to our MD's
- ideas for incentives
- more community awareness for first steps
- more training on post partum depression, addition-Hispanic
- there's still a lot of work to be done to reach more ↑ risk women
- need to think of more incentives affordable for agency to motivate clients to participate in the program
- need to think of group activity/ies for clients to keep them on the program
- data to consider when determining which referrals to assign (we have zoot referrals- unable to assign-lack of staff)
- looking more closely at anxiety during pregnancy as precursor to PPD or PPMD
- the precursor to depression is anxiety
- we have some work to do- getting clients into early prenatal care
- our state listens to us ! ☺ Thanks
- postpartum psychosis-how it looks
- need for ↑marketing of 1st steps to providers, especially new ones
- need to discuss with team on agency approach to the Keys to Perinatal Depression project
- lots ! Tx !

Messages to Speakers/planners

What needs to be changed or something you really liked?

- Why not offer a pre-test sort of survey as a screening for depression. Where are providers in the process of major change (acknowledge stages of change & offer providers opportunity for supports and change, just as we do for clients
- Liked the group projects-should have devoted more time to these. They seemed a lot more helpful
- Don't read the slides
- Statistics were covered a little too closely- maybe let us look over individually next time
- The two breakout session could be combined into one. There was repetitiveness in several of the questions
- At the end of pregnancy (PRAMS?) ask why they did or did not enroll in maternity support services
- More chances to speak about what works , does not work at each 1st steps site
- Summary of data info would be sufficient-don't; need lots of charts & numbers
- Discussion with groups of ways to improve service is worthwhile
- It would have been nice to spend more time discussing access to early prenatal care and following up on the group activities (maybe make a tangible list of ways to ↑ early prenatal care/something to physically 'walk away" with
- Great job of keeping on time
- Nice snacks with oranges and granola bites :keep walking the public health talk even less unhealthy food ☺
- ↓ time on individual stats- general overview is sufficient unless something unexpected pops up
- we gave suggestions for helping to have more women receive more services- what is the likihood that some of these things will happen?
- Don't read your powerpoint
- Program went well
- More brief presentation of statistics & data (important but dry)
- More opportunity for discussion & idea-sharing
- Morning sessions could be done in half the time, great info but could have been said without reading each slide
- Less dry way to share stats
- Certain speakers were still very hard to hear- even with the microphone! Speak up!
- No more education for 1st steps issues
- Less data driven= more time to brain storm as a larger group
- Please, less stats
- More discussion time-less writing

- Self-care discussion for providers, social workers, nurses- “burn-out”
- Thank you, very good presentation
- Thought it was well thought-out, very good information, no wasted time!
- Kathryn is great !
- I really liked the facility. I also always enjoy learning from Kathryn Barnard. Discussion of high risk engagement was also helpful
- Well organized- thank you !!
- Sharing from providers, many same concerns throughout meeting First Steps State team again. PPD video was very powerful and helpful

Was there any aspect you were interested in, that was not covered in today’s meeting?

- Missed opportunity to- provide vision and leadership, get materials to providers, present more in depth analysis of data & issues, why not have CA & DSHS present and as we address trying to engage high risk clients.
- first steps goals and plans for program in next year or so
- how other regions in the state are doing
- the data broken into categories for all Medicaid births being applied to FS intervention outcomes was inappropriate. However if they had been shown by MSS/Non MSS this would have been informative
- breastfeeding. Rates in WA must be increased. We have much power to empower clients
- discussion of possibility of IBCLC’s becoming recognized MSS providers- I work as an RN but most of my visits are r/t breastfeeding
- discussion of revision of charting forms- we are going toward Omaha but it’s sure there will be some sort of paper documentation
- in our area, prenatal care is accessible but pediatric care for the infants is difficult to find- a future topic of discussion??
- I would like update on new implant (family planning) this is a great time to keep us all updated
- changes, in DSHS (billing, medicare system, qualifications for other programs
- RE: the issue of PPD screening. I find that our clients are very easy, honest to screen- the issue in our country is mental health referral for counseling & the drs. Not being educated on PPD- so they tend to just medicate and not ref for counseling.

Moses Lake: Summary of Evaluation Questions 1-12

Item	N	Mean	Minimum	Maximum
1. The meeting facility was: Ideal 1 2 3 4 5 6 7 Terrible	55	2.22	1	6
2. The purpose of the meeting was: Clear 1 2 3 4 5 6 7 Unknown	56	2.20	1	6
3. Overall the organization of the meeting was: Excellent 1 2 3 4 5 6 7 Dysfunctional	46	1.95	1	4
4. Location: Convenient 1 2 3 4 5 6 7 Awful	56	2.11	1	6
5. I was encouraged to be a part of this meeting: Definitely1 2 3 4 5 6 7 Not at all	56	1.73	1	6
6. Discussion time was: Encouraged 1 2 3 4 5 6 7 Not appropriate	56	1.41	1	5
7. Take home messages were: Obvious 1 2 3 4 5 6 7 Unclear	56	2.50	1	7
8. Introduction Outstanding 1 2 3 4 5 6 7 Poor	56	2.54	1	4
9a. Access to Prenatal Care – Is There a Crisis Outstanding 1 2 3 4 5 6 7 Poor	56	2.89	1	6
9b. The presentation increased my knowledge of the current status of PNC access in Washington State. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	56	3.71	1	7
9c. The presentation increased my awareness of the geographical differences across Washington in access to PNC services. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	56	3.54	1	7

10. Previews and coming Attractions Outstanding 1 2 3 4 5 6 7 Poor	55	4.42	1	7
11a. Reaching the High Risk Pregnant Women Outstanding 1 2 3 4 5 6 7 Poor	55	2.91	1	7
11b. The presentation increased my knowledge of the characteristics of high-risk pregnant women. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	55	4.20	1	7
11c. The brainstorming and discussion after the presentation was helpful in identifying plans or interventions you or staff could use to reach high-risk pregnant women Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	55	4.62	1	7
12. Keys to Perinatal Depression Outstanding 1 2 3 4 5 6 7 Poor	53	1.49	1	5

Messages to Speakers/planners

What needs to be changed or something you really liked?

-I hope that in the future we can introduce group education on

- Pre-natal care
- Depression recovery program that deals with changing lifestyle (Dr Nedley's approach for example)

-I like the brainstorming time. It was great to hear from other groups, their ideas and struggles.
-You would like to maximize the units.
-I appreciated the review/education on postpartum psychosis.
-I've heard a lot of common themes in what barriers exist, focus, improvements needed. Now to brainstorm for what and how we can make some of these changes and a lot seems to depend on finances-$$ for incentives, programs, staff to be there for the clients and run FS programs.
-Thanks for the Great Opportunity for us to get together for this regional meeting! Good to hear others' experiences.
-For the presenters: you appeared less dictatorial than in the past. You all seemed more like facilitators. You listened better than you used to!
-Quicker-the sharing of brainstorming ideas was too repetitive- Information seemed to be too drawn out.

-Really liked the postpartum psychosis film.
-Do not just read slides-needs to be more exciting.
-Less numbers more colorful facts.
-Loved Perinatal Depression presentation.
-PP depression screening-routinely.
-Develop stakeholders in community for pp depression.
-It was an honor to have Katheryn Barnard with us. I felt like our issues were heard and also that you shared your side too. This is valuable. I appreciated Nancy Anderson's attitude and asking more questions about what we were saying.
-Don't read statistics directly from slides, rather, elaborate on what the numbers mean
-I like Katheryn's idea of walking-great idea to take a walk with your client at the visit-a walk and talk. The state staff really listening to ideas, complaints, etc. even when there are not answers for some of the questions. Nice to have them here and giving us all an option to voice our opinion where we chose to or not.
-Really good meeting-depression session!!
-More time for agencies to discuss/brainstorm re what does and doesn't work.
-Really appreciated the opportunity for discussion. It is also great to have most state staff present at this meeting-this has been a very productive forum.
-Reading statistics is not necessary/
-More information-specifically what direction we are going in, what has been discussed.
-I liked the idea of using more units on our high risk patients from units that we don't use on our low risk patients.
-Good exchange of ideas.

-Appreciated giving us time and opportunity to share.
-So we brainstormed…are those solutions?
-Please don't read the powerpoint slides, we can do that from our handouts!
-It was enlightening to hear that other site/locations have the same issues as we do…and that you were really interested in us and our problems to help seek resolution of these difficult issues.
-Too much time spent on small group answers.
-I liked the Keys to Perinatal depression presentation. Let's do workgroups for discussion.
-Liked: open opportunities for sharing.
-Improve: concrete interventions and instruction.
-Location: vary it for the next meeting. Not always in the same cities. Same agencies are often incurring travel costs for attending variety of state meetings.

-Change: It felt like a waste of our time to focus so much on the statistics-especially because we already believe what they convey! I appreciated the practical sharing of experiences and tools that I can use to improve my service to clients. It would be valuable to have more of this at the next meeting!
-Please, statistical presentations-limit to ½ hour total! Need tools to improve delivery of care!
-Have coordinators and staff give this input by email prior to regional meetings.
-The detailed information and handouts on the topic discussed. Information on how to help our clients improve was great.
-Get client involve in program in order to identify depression problem early.
-They did a great job!
-I love the interaction.
-Note: as a suggestion-will be great if the power point slide letters will be bigger.
-The information presented was important but could have been covered in one hour or less (statistics, etc.). The time would be better spent in educational/training activities. For example-have 6 of 8 hours be ½ hour presentations on subjects like motivational interviewing, relaxation and stress reduction. There could be sections for RN,BHS, RD. We have many talented people in these groups who could do the presenting so it wouldn't be necessary to bring in too many outside people.
-The first few sessions-especially going over slides of data-could have been done alittle more quickly/efficiently. I learned a lot in the last session on depression-the 2 videos were great.
-Need for TANF folks to work = MSS or ICM. Maybe DSHS should suggest that their income relies on at least some participation.
-Reading the charts number by number isn't helpful. Interpreting the charts, telling what the data shows is more valuable.
-How information gathered is being applied to improve MSS/ICM.
-More post partum info.
-Discussion/interaction among the group was the greatest learning experience of this regional meeting.

- Opportunity to assess clients to increase number of units available for needy clients.
- Groups
- Like seeing/networking with other agencies.
- Suggestion: members of FS Olympia could sit with local groups during lunch (make yourselves available at that time).

Was there any aspect you were interested in, that was not covered in today's meeting?

-Motivational Interviewing
-Substance Abuse
-Training-specific ideas that we can use. An example of a training that would be good for all disciplines is the Calming Ourselves training.
-How can we collaborate more to help new ACTs-to have more funds to help infants, because they are the future generations of this country. To go to the legislation for a new ACT.

- No (two responses)
-Additional coverage for clients with medical coupon.
-Domestic Violence
-Drug and alcohol
-Mental Health
-Culture competency
-ICM-requires linkages and referrals but why no payment given for assessments of clients so appropriate link/ref can be made. Assessments needs change as does different link/ref depending on life changes.
-I really appreciate the presentations that I can "sink my teeth in" interventions I can use with my clients.
-How can we streamline the D/C summary process?
-Challenges of program-what are various groups facing in MSS and ICM
-Documentation challenges/changes
-Sharing of ideas on what is working on facing challenges
-Decrease of documentation
-Getting rid of discharge/outcome forms
-Teen needs versus older women needs
-I would hope that some of the ideas for change we suggested today would be implanted into the First Steps program.
-The same question-what about the standardized charting? Any changes in the future-Updated forms, etc.
-Maybe breakout sessions for different disciplines. I am an RN so a breakout for us would be an update on birth control methods-new methods and updated information. Other sessions for RD's/ SW's.
-It was confusing to fill out this evaluation because the "good" answer varied with each question (sometimes on the left, sometimes on the right).
-If the mission of FS is the decrease LBW and decrease IMP why are we serving low risk clients?
-More actual program management problems/frustrations need to be addressed-including forms (CVR, making changes to them), client time spent that is unbillable

Burien: Summary of Evaluation Questions 1-12

Item	N	Mean	Minimum	Maximum
1. The meeting facility was: Ideal 1 2 3 4 5 6 7 Terrible	30	3.80	1	6
2. The purpose of the meeting was: Clear 1 2 3 4 5 6 7 Unknown	30	2.97	1	6
3. Overall the organization of the meeting was: Excellent 1 2 3 4 5 6 7 Dysfunctional	30	3.00	1	4
4. Location: Convenient 1 2 3 4 5 6 7 Awful	30	2.90	1	6
5. I was encouraged to be a part of this meeting: Definitely1 2 3 4 5 6 7 Not at all	30	2.53	1	6
6. Discussion time was: Encouraged 1 2 3 4 5 6 7 Not appropriate	30	2.43	1	5
7. Take home messages were: Obvious 1 2 3 4 5 6 7 Unclear	30	4.60	1	7
8. Introduction Outstanding 1 2 3 4 5 6 7 Poor	30	3.30	1	4
9a. Access to Prenatal Care – Is There a Crisis Outstanding 1 2 3 4 5 6 7 Poor	30	3.20	1	6
9b. The presentation increased my knowledge of the current status of PNC access in Washington State. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	30	4.17	1	7
9c. The presentation increased my awareness of the geographical differences across Washington in access to PNC services.	30	3.93	1	7

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree				
10. Previews and coming Attractions Outstanding 1 2 3 4 5 6 7 Poor	30	3.77	1	7
11a. Reaching the High Risk Pregnant Women Outstanding 1 2 3 4 5 6 7 Poor	30	3.23	1	7
11b. The presentation increased my knowledge of the characteristics of high-risk pregnant women. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	30	5.63	1	7
11c. The brainstorming and discussion after the presentation was helpful in identifying plans or interventions you or staff could use to reach high-risk pregnant women Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	30	4.37	1	7
12. Keys to Perinatal Depression Outstanding 1 2 3 4 5 6 7 Poor	30	2.47	1	5

Burien

Lessons Learned

- Barriers in the system to pre-natal care- including transportation & outreach limitations - how to do a better job of connecting with parents with parent needing MSS
- The significant impact of depressing in pre and post natal care
- beyond the birth booklet & online training resource
- need to target TANF clients
- Importance of screening for PP depression
- building relationship with clients
- PNC with TANF/S-women/non-citizens
- Ideas for outreach/awareness building

- clients priority with fixing problems/issues in their lives
- Motivational interviewing /open ended questions
- nothing
- will do online training to screen for PPD
- Gregoire cares
- we need to do more because trend for good outcomes is ↓
- which group of women fall in low, med, high risk
- thinking through ways to serve higher risk groups more effectively
- my plan is to take the online module (PPD)
- stressing importance of pre-natal care & overcoming the barriers that prevent PNC
- motivational interviewing
- most of our agencies have the same issues and concerns- how can we collaborate & work together to make MSS more effective overall !
- the data was very important- needs to be better presented with time to talk about implications- how/what to do with it
- depressed women are willing to be screened
- depressed women are unlikely to seek follow-up
- frequently anxiety is reported by moms with PPD prior to taking baby home
- I might be able to influence change in First Steps
- FS team unaware of transportation issue was very responsive
- political advocacy
- community partner/education
- focus on patient stress reduction/depression screen
- facilitate community partnerships to increase access to PNC
- ↑ screening for perinatal depression
- awesome awareness for perinatal depression
- super happy that is going to be implemented next year
- that we still have to figure out our own strategies to running MSS/ICM successfully
- questions to ask at PP visits
- who needs to be targeted for improved preg outcomes (↓ LBW). High risk medical women & teens; TANF preg ♀
- DOH focus on early intervention for depression screening and reference ~online training
- many providers identified creative interventions to address barriers to engage high risk Medicaid clients in First Steps
- ideas that our county First Steps network might address re: barriers to clients getting MSS
-encouraging clients to get care for depression & working with community to find services for them
- Attention to perinatal care

- access to prenatal care
- a better understanding of risk factors for LBW
- use the depression screening tool and keep it in the chart as suggested
- awareness of antenatal/postnatal depression
- Id who is high risk
- better sense of screening for high risk clients in pregnancy
- reinforcement of need to screen all clients for perinatal
- reminder that though the cumbersome paperwork, there is still need for individualized care for each client, & that I can do this with commitment and creativity

Messages to Speakers/planners
What needs to be changed or something you really liked?

-need to make meetings more productive & better more dynamic speakers & better use fo time- have 1st providers work with those on state level so we can make the program more focused in reality to needs of clients and providers
- really nice to have time with other MSS providers & share-> need more of this
- some of the material, although interesting was irrelevant (couldn't be used on the job)
- too much time spent on stats and charts
- really liked discussion time in small groups
- length of program could be shortened & more strongly targeted at fixing problems rather than just discussion
- speakers could have been more dynamic
- microphone availability is great
- ☺ideas were very helpful
- please focus more on practical hands on application. In perinatal depression- the presentation with the examples/interviews most helpful
- we can read the background of research ourselves—need practical
- I liked the brainstorming session!
- happy to know about the online module regarding PPD
- Thank you for showing the PPD video !
- I really liked the video
- make presentations more lively, motivational
- loved the focus in solutions
- it was cold physically and emotionally (the space)

- the facility was awful!!! No windows, no natural light, poor lighting, no heat am session. A pleasant surrounding facilitates general well being, creativity, receptivity
- more humor please
- the facility is awesome!
- speak into the mike-sometimes voices faded
- appreciated the update in first steps in WA state
- many staff did not attend today due to pressures to see billable clients. I feel I can take back the data updates but Kathyrn's presentation about depression would I have been good for all to hear. Our agency [Public Helath SEA-King] is already screening for depression but it is hard to change practice. We have been screening for about 18 months & so far have only screened 1/3 of our clients- so Kathyrn's tiem lien of screening 50% in 3 months time is not realistic.
- N/A
- needs to be changed: all pregnant women who are on medical coupon should receive an infant care seat. It's about infant safety after all! Pls talk to the state.
- what I really liked: the long term studies showing relationship between 1st steps PN care and birth outcomes
- everything is excellent. I didn't fall asleep. I became more involved in discussion
- start on time
- more stimulating presentation, more interactive, less statistics, more case studies
- more applicable tools to increase effectiveness of practice & services
- most of speakers were really enthusiastic and I really appreciate this !
- it is nice to all get together to share in the commitment that other providers have for their work-it is a huge motivator for me.
- more energy provided by the speaker

Was there any aspect you were interested in, that was not covered in today's meeting?

- ways to enhance our visits
– the clip we saw on screening was good

Spokane: Summary of Evaluation Questions 1-12

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1. The meeting facility was: Ideal 1 2 3 4 5 6 7 Terrible	31	1.97	1	6
2. The purpose of the meeting was: Clear 1 2 3 4 5 6 7 Unknown	31	2.32	1	6
3. Overall the organization of the meeting was: Excellent 1 2 3 4 5 6 7 Dysfunctional	31	2.16	1	4
4. Location: Convenient 1 2 3 4 5 6 7 Awful	31	1.71	1	6
5. I was encouraged to be a part of this meeting: Definitely1 2 3 4 5 6 7 Not at all	31	1.81	1	6
6. Discussion time was: Encouraged 1 2 3 4 5 6 7 Not appropriate	31	1.58	1	5
7. Take home messages were: Obvious 1 2 3 4 5 6 7 Unclear	31	2.35	1	7
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9a. Access to Prenatal Care – Is There a Crisis Outstanding 1 2 3 4 5 6 7 Poor	31	2.58	1	6
9b. The presentation increased my knowledge of the current status of PNC access in Washington State. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	31	3.64	1	7
9c. The presentation increased my awareness of the geographical differences across Washington in access to PNC services.	31	3.39	1	7

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree				
10. Previews and coming Attractions Outstanding 1 2 3 4 5 6 7 Poor	31	5.23	1	7
11a. Reaching the High Risk Pregnant Women Outstanding 1 2 3 4 5 6 7 Poor	31	3.00	1	7
11b. The presentation increased my knowledge of the characteristics of high-risk pregnant women. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	31	3.77	1	7
11c. The brainstorming and discussion after the presentation was helpful in identifying plans or interventions you or staff could use to reach high-risk pregnant women Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	31	3.58	1	7
12. Keys to Perinatal Depression Outstanding 1 2 3 4 5 6 7 Poor	31	2.00	1	5

Spokane: Compilation of Written Comments

Lessons Learned

- perinatal depression online training
- reading the WAC
-ideas to better serve my clientale & maximize visits
- all workers to start ICM
- validation to start groups visits
- need to routinely screen for PPD
- promoting pre-pregnancy education in clinic
- look into developing better ppd support group/system
-screen every pregnant mom for PPD

-We all face the same issues/frustration- I know that, but sometimes it's very lonely out there
- I' m not the only one who's been somewhat confused over the years between the B1's, The WAC and the manual
- Highest incidence of PP Depression is at 3 months. I thought it was 2-but I know it can go to a year or +
- BIG ONE- F.S state staff will step up & go to bat if we have difficulties getting people mental health services- it's a tremendous issue in Okanogan county has has been for years!!!
- perinatal depression
- TANF high risk
- Transportation is bad everywhere
- We need more behavioral health services
- Community Health workers are a great asset!
- Perinatal Depression assessment is very important
- Our agency can find ways to increase access to care for TANF clients
- more insight about PP psychosis
- need to increase communication
- agencies need to work together
- transportation is a huge problem
- importance to screen for depression on all clients
- importance of depression screening & follow up
- county statistics-great info!
- postpartum psychosis video- wow!
- screen all women for postpartum depression
- 3 months after birth is the most common period for PPD
- screen all women for PPD
- I am very surprised of some of the statistics for Asotin County and how we compare to other counties
- more informed on PP depression/pyschosis
-more informed about First Steps
- a desire to be more pro-active in my work and a desire to make more of a difference
- rapid access to medical coupon & transportation are major issues
- there are 2 messages I am hearing: 1). meet the needs of the high risk moms 2). Spend less money. High risk moms are becoming more needy and more high-risk
- statistics
- WAC web updates
- getting a chance to see all (most) state program staff @ one time

- insight into postpartum depression- excited to see the new PP website!
- statistics
- access to care, barriers to service- hope for the future of 1st Steps
- Good brainstorming sessions with good ideas
- I liked PP discussion
- good video on psychosis
- ↑ motivation & re-encouragement of the wonderful MSS/ICM program. Proud of it.
- ↑ motivation re: preventing PTL. Touching & encouragement
- insight into perinatal depression
- Motivational interviewing
- ↑ awareness of depression S/S
- ↑ awareness of ?
- possible ways to increase access to FS program
- web based perinatal depression tool
- screening for depression should be done on all clients
- Edinburgh scale can be done prenatally
- I appreciated the value of having been involved in MSS since 1990
- it was wonderful hearing about obstacles other agencies reported on
- years ago, we were educated on pp depression using the Edinbugh and additional pp depression information from Dawn Gruen

Messages to Speakers/planners
- I liked networking with other agencies. It would be nice to mix up sites
- I liked hearing everyone's ideas with the brainstorming session
- the PPD Psychosis video was incredible- I always love seeing Dr. Barnard
- loved the last video on PP psychosis
- I always appreciate hearing form Kathryn Barnard-she has a great mind and the passion to go with it. Thank you for having her come.
- Than you for this opportunity, information
- it was very interesting day. I think it would be helpful to have more meetings for training
- I liked the interview video during depression segment
- postpartum psychosis video was excellent
- please use evidenced based information to plan changes rather than reacting to budget constraints
- one of the hosts of the program was knitting during the presentation which is very unprofessional

- I very much appreciated the format; emails are not as informative,. The ability to hear from other professionals/agencies with similar concerns/questions/& experiences.
- re: brainstorming session- we have said the same things to the state since redesign and nothing has improved, infact it's worsened
- re:Access to prenatal care- statistics were not clear presenter did not have knowledge of pre-design structure
- add concerns/issues related to Spokane or region, Heard many times -not sure what "issue" looks like in our area? Why not?
- give us more concrete updates and changes
-hope increase re-imbursement to ICM
- liked the opportunity to meet face to face-network- interact with each toher. Let's not wait as long for another mtg…we need these more often for pep & motivation!! Thank you !
- the room could have been smaller. This would have encouraged participation.
- I really feel like you tried to listen to what was said today, we were all saying the same things and we are the ones doing the work. Take this back and listen & take charge to implement new things to make things easier.
- the thinking outside the box segment seemed a bit to hung up on process
- I appreciate that you state people were willing to travel to the East side and that you all seemed to welcome our input with genuine sincerity

Was there any aspect you were interested in, that was not covered in today's meeting?

- the 20 identified issues
- first steps program possibly becoming a longer program with more support of the family unit
- driving outcomes measures from our current documentation
- I feel that we should have a meeting devoted to charting. There was no orientation when we switched to the new forms and I feel as if we need guidance from state staff as well as a chance to network with our colleagues.
- Benchmarking from other areas that are successful with access to care
- I would have liked the list f the 20 considerations of MSS from the state staff
- why are we doing those unbelievably long discharges when it used for statistic or outcomes yet?
- in general, in our area, our clients have to be suicidal to have access to Mental health Counseling and that's frustrating
- also depression during the pregnancy has a major negative impact on the fetus, and it's difficult getting prenatal to balance effects of being unmedicated vs possible risks of medication on the fetus

Lynnwood: Summary of Evaluation Questions 1-12

Item	N	Mean	Minimum	Maximum
1. The meeting facility was: Ideal 1 2 3 4 5 6 7 Terrible	70	1.61	1	6
2. The purpose of the meeting was: Clear 1 2 3 4 5 6 7 Unknown	70	1.79	1	6
3. Overall the organization of the meeting was: Excellent 1 2 3 4 5 6 7 Dysfunctional	70	1.76	1	4
4. Location: Convenient 1 2 3 4 5 6 7 Awful	70	1.53	1	6
5. I was encouraged to be a part of this meeting: Definitely1 2 3 4 5 6 7 Not at all	70	1.89	1	6
6. Discussion time was: Encouraged 1 2 3 4 5 6 7 Not appropriate	70	1.96	1	5
7. Take home messages were: Obvious 1 2 3 4 5 6 7 Unclear	70	2.24	1	7
8. Introduction Outstanding 1 2 3 4 5 6 7 Poor	70	2.31	1	4
9a. Access to Prenatal Care – Is There a Crisis Outstanding 1 2 3 4 5 6 7 Poor	70	2.37	1	6
9b. The presentation increased my knowledge of the current status of PNC access in Washington State. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	70	4.01	1	7
9c. The presentation increased my awareness of the geographical differences across Washington in access to PNC services.	70	4.29	1	7

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree				
10. Previews and coming Attractions Outstanding 1 2 3 4 5 6 7 Poor	70	3.19	1	7
11a. Reaching the High Risk Pregnant Women Outstanding 1 2 3 4 5 6 7 Poor	70	2.80	1	7
11b. The presentation increased my knowledge of the characteristics of high-risk pregnant women. Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	70	4.30	1	7
11c. The brainstorming and discussion after the presentation was helpful in identifying plans or interventions you or staff could use to reach high-risk pregnant women Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree	70	4.39	1	7
12. Keys to Perinatal Depression Outstanding 1 2 3 4 5 6 7 Poor	70	1.57	1	5

Lynnwood: Compilation of Written Comments

Lessons Learned

- similar challenges throughout different agencies and counties
- brainstorming ways to engage women in program
- motivation to continue to pursue (in a good way) clients that appear to be noncompliant
- depression screening-have staff do online training
- importance of networking
- Stepping up Training
- our MSS/ICM staff need to develop a way to prioritize our time so we can devote more to this important program
- We need to inform and educate our co-workers (medical staff, MA's, Nursing manager, front desk staff) about the value of the program
- relationship is key to engaging the mother
- problems are recognized & research is being done to combat the problem

- Importance of implementation of early PNC to FS clients
- Increased awareness of PP depression
- disparity in $'s paid to FS providers to offer services
- clarification
-written info
- questions
- we identified common problems/barriers and their possible solutions
- there is no money for solutions we came up with
- too slow of pace!- speakers not engaging!
- great location
- liked presentation regarding statistics re LBW infants
- Katherine Barnard- excellent!!
- increased knowledge of what population is at highest risk
- better understanding of obstacles my clients face in their daily lives, and why they do not see PNC as a priority
- hang in there-nothing will change
- work with CNM's to get depression screening on our clinic patients
- will look toward opportunities to help engage high risk clients
- the state is interested in making changes for better outcomes for clients and providers, "But it's complicated" "we're poor" "change is slow"
- Keys to Perinatal Depression- will pass training onto co-workers
- Brainstorm ideas to get incentives (diapers) for clients
- depression
- Dr. Barnard's presentation was excellent
- prenatal access issues for non-citizens , TANF and S clients
- risk factors for First Steps clients
- lack of access to prenatal care in the county in which I work and serve
- do the 1st Step training & stepping up online training
- cont. research on how to's of getting DSHS to drop BHA in the income elig.
- Post partum depression
- now aware of PPD
- more about PPD psychoisis
- General info about MSS
- how to network in community- outside of our facility

- web- based perinatal depression tool
- I increased my knowledge about PNC
- I improved about the high risk pregnant women
- I'm taking back to my job better ideas about perinatal depression
- think outside the box the help make this program better
- think about the data presented re: perinatal outcomes (differences in TANF, S and non citizens population- how do we better serve those hardest to serve
- bring the perinatal depression screening idea to our First Steps provider groups
- importance of recognizing PP symptoms, addressing them
- other agency's concerns-sharing same issues
- good presentation of the postpartum pyschosis
- the crisis to access prenatal care
- you can make a difference on a local level- it takes co-ordination-planning and lobbying
- we are all struggling with similar issues? "We are not alone"!
- we all need to work together to better reach ↑risk pregnant women in early pregnancy- find solutions, but we need help from legislative
- greater awareness of difficulty clients are having accessing prenatal care
- don't give up when trying to connect with African American women
- our perceptions are validate- DB, mental illness, housing are all in crisis and getting worse
- we need to continue advocating locally and be prepared to influence legislatively
- there is hope on the horizon- our work is validated in that F steps is feeling limited/inflexible and sometimes in-effective
- screen for perinatal depression
- learned about TANF
-ways to overcome barriers to early prenatal care
- import of MSS
- know more about high risk prenatal's
- try to get new prenatal to get signed up for MSS
- clients in depression- know more about it now
- ideas we established at the brainstorming /discussion to help implement them with my co-workers
- appreciate the booklet and information in depression will be of help to patients
- ideas on how to increase 1st tri access
- perinatal depression issues
- we need to coordinate better
- we need more providers

- we need better charting
- resources from Beyond the Birth
- training for stepping up
- knowledge of MSS/ICM
- reinforced some things we are doing well-eg PP depression tools in all of our nursing charts,
screening is done routinely
- ideas ways in to improve some things eg: continuation issues, within out agency, documentation and community

Messages to Speakers/planners
What needs to be changed or something you really liked?

- opportunities to hear from different services providers in the First Steps community
- lots of problems id'ed, but very little solutions to these problems-felt a little frustrating
- room was too cold
- film was excellent
- group brainstorming really helps
- I hate these group activities. Actually the activity isn't bad. It's the presentation for each group that bores me to death!
- FS data presentation was depressing. We need to better keep outcomes for our efforts with interventions for ↑ risk clients
-re: access to prenatal care- this was very discouraging
- there seems to be too little time to fully discuss
- we need universal health care in WA and in the US
- more time for the group activity- we didn't;' really get to discuss & vote because we had a lot of good ideas
- less time on lg group sharing for reaching high risk women, less time on research and more time on interventions
- Dr. Barnard was excellent. Thank you
- data stats were informative yet dry. No human story. K. Barnard speech & video excellent
- Good job! Thanks for keeping us on track
- Break out session response by all was too long
- brainstorming was okay , having all the presentation were a bit too long. Most of plans seem very ideal but probably unable to adopt due to the lack of funding. Maybe next, give instruction for groups to also brainstorm way to improve care with resources that's already in place.
- too little time in the break out session
- less stats- more substance we can take back to our sites
- I really liked the activity after lunch
- help with coat on going back to school, to prepare to work with MSS/ICM

- a bit more time for the brainstorming session (small group part)
- more training on PP depression. I will read the online training program
- less time of statistics/graphs- related to access in PN care. Just summaries
- more time with Kathryn Barnard
- mental health session with Dr. Bernard was excellent! Thank you !
- postpartum psychosis, most of our clients they do not have the access or resources that the show during the presentation
- the only measure was LWB and the program needs to be measured other outcomes like resources
- appreciated the strong focus on getting input form those out in the field to help improve the program
- I really appreciated the encouragement to brainstorm, think out of the box and vocalize all ideas (despite potential barriers anticipated). In the past I've felt more pressure to keep these ideas to myself & now it's crisistime and now encouraged
- data, statistics, graphs could be summarized to allow greater discussion
- thank you for bring Kathryn Barnard
- I appreciate our state planning this time for us
- speakers did a good job- no change
- brainstorming as appreciated & productive for my group & for the whole audience
- possibly allow time to network with other agencies for ideas- sharing successes- solutions etc
- great topics
- I really appreciate that our comments were gathered for the state team to read and review but most importantly consider.

Was there any aspect you were interested in, that was not covered in today's meeting?

- can't think of anything right now
- change in re-imbursement of units- now rule of "8" is out
- clearer guidelines for ICM
- universal health care-everybody gets care
- how does a licensed provider get CEU's for today's training
- My 1st meeting
- the future of MSS…?
- the management of mental health issues and substance abuse needs to be streamlined for greater success and better outcomes…
- brief timeline history of first steps might explain why funding decision have been made (ie. No re-imbursement for groups, continued transportation & access problems)

- need to go through MSS from Start to finish. Like screening tool filled out what next-next etc. has changed since I worked with MSS-questions been shortened? Could be the new workers that just started working with MSS
- I can't think of anything! Thank you